

STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

**REGISTRATION WITH THE UTAH
RESIDENCE LIEN RECOVERY FUND**

DOPL-AP-034 REV 07/01/2003

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Division desires to provide courteous and timely service to all applicants for registration. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply all necessary information will delay processing and may result in denial of registration. Please read all instructions carefully.

SUPPORTING DOCUMENTS AND FEES:

1. Submit a complete Application for Registration with the Utah Residence Lien Recovery Fund.
2. Submit evidence of registration of any assumed name (doing business as or DBA) or business legal entity registration with the Utah Division of Corporations.
3. Submit the registration and processing fee applicable to your registration classification.

<u>Fee Type</u>	<u>Registration Classification</u>			
	<u>Contractor Exempt from Licensure</u>	<u>Supplier</u>	<u>Licensed Professional</u>	<u>Licensed Contractor</u>
Initial Registration	\$195.00	\$195.00	\$195.00	\$195.00
2003 – 2004 Special Assessment	125.00	125.00	65.00	0.00
Application Processing Fee	25.00	25.00	25.00	25.00
Total Fee Due	\$345.00	\$345.00	\$285.00	\$220.00

If the application for registration is denied, the Initial Registration fee and the 2003 – 2004 Special Assessment fee will be refunded. **The Application Processing Fee is NOT refundable.**

ADDITIONAL IMPORTANT INFORMATION:

1. **Laws and Rules:** You are required to understand all Utah laws and rules pertaining to your membership in the Residence Lien Recovery Fund:

- ❑ Utah Residence Lien Restriction and Lien Recovery Fund Act (Title 38, Chapter 11 Utah Code Annotated)
- ❑ Residence Lien Restriction and Lien Recovery Fund Rules (R156-38 Utah Administrative Code)

Copies of these laws and rules may be obtained on our website at: www.dopl.utah.gov

You may also purchase them for a fee from Experior, 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, (801) 355-5009.

2. **Current Documents:** Applications, statutes, and rules may change from time to time. If you have not recently obtained any of these documents, you may want to contact the Division or visit our Internet site to verify that you have current versions.
3. **Updating Address Information:** It is the registrant's responsibility to maintain a current address with the Fund. All correspondence will be sent to the last known address shown on the Fund's records. If the registrant's address or any other pertinent information should change, the registrant must notify the Fund of this change in writing.
4. **Payments:** Make fees payable to "State of Utah-Lien Recovery Fund."
5. **Mail Complete Application to:**

By U.S. Mail

Residence Lien Recovery Fund
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Residence Lien Recovery Fund
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

6. **Telephone Numbers:** (801) 530-6104
(801) 530-7632
(801) 530-6628

(866) ASK-DOPL – Toll-free in Utah
(866) 275-3675
7. **Fax Number:** (801) 530-6511 – attn: LRF Program Secretary

APPLICATION FOR REGISTRATION

GENERAL INFORMATION

Registration Applying For: **RESIDENCE LIEN RECOVERY FUND MEMBERSHIP**

Business Name: _____

Federal Taxpayer ID Number / Social Security Number: _____

Have You Ever Registered with the Lien Recovery Fund Before? Yes _____ No _____

If Yes, Under what Business Name: _____

If Yes, What Registration Number: _____

MAILING ADDRESS

Street: _____

City: _____ State: _____ Zip: _____

County: _____

Telephone: _____

REGISTRATION CLASSIFICATION (please choose one):

_____ Supplier

_____ Contractor Exempt from Licensure. Classification: _____

_____ Licensed Professional Entity

☐ Architectural Services

☐ Professional Engineering Services

☐ Land Surveying Services

☐ Landscape Architectural Services

☐ Other, explain: _____

_____ Licensed Contractor

Name and Title: _____

City: _____ State: _____ Zip: _____

Telephone: _____

_____ Corporation — Utah Corporation Number: _____

_____ Partnership

☐ General or ☐ Limited Utah DBA Number: _____

☐ Limited Liability Utah LLP Number: _____

_____ Sole Proprietorship — Utah DBA Number: _____

_____ Limited Liability Company — Utah LLC Number: _____

Please describe how your business is involved in residential construction.
(Use additional sheets if necessary.)

[illegible]

RESIDENCE LIEN RECOVERY FUND

QUALIFYING QUESTIONNAIRE

Please complete the following questionnaire. If the applicant is a supplier, contractor exempt from licensure, or qualified professional entity, please complete Section "A" below. If the applicant is a licensed contractor, please complete Section "B" below. Answer each question "yes" or "no." Do not leave any question blank.

A. Suppliers, Contractors Exempt from Licensure, and Professional Entities

Has the applicant, any officer, director, partner, proprietor, shareholder (unless publicly traded), member, owner, or manager associated with or employed by the applicant:

1. _____ ever applied for or received a license from the Division of Occupational and Professional Licensing under any name other than the name listed on this application?
2. _____ ever applied for or become a registrant in the Residence Lien Recovery Fund under any name other than the name listed on this application?
3. _____ ever, either under the name on this application or under a different name, applied for or obtained a payment from the Residence Lien Recovery Fund?
4. _____ ever, either under the name shown on this application or under a different name, filed claim with the Residence Lien Recovery Fund for which the claim is still pending?

B. Licensed Contractors

Has the applicant, any officer, director, partner, proprietor, shareholder (unless publicly traded), member, owner, or qualifying managing employee, manager associated with or employed by the applicant:

1. _____ ever filed claim with the Residence Lien Recovery Fund as the result of construction activities in which they were involved for which the claim is still pending?
2. _____ ever applied for or become registered in the Residence Lien Recovery Fund under any name other than the name listed on this application?
3. _____ ever applied for or obtained payment from the Residence Lien Recovery Fund or ever had a claim filed with the Fund as a result of construction activities in which they were involved?
4. _____ ever been named as nonpaying party in a claim paid by the Residence Lien Recovery Fund for which full restitution has not been made?

If you answered "yes" to any of the above questions, please submit a written explanation. The explanation must specify which question is being explained, why the question was answered "yes," and the current status of the situation that led to a "yes" answer.

Note, a "yes" answer does not necessarily mean the applicant will not be granted registration. However, the Division may request additional documentation if the information submitted is insufficient.

AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant or agent for the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that claimants who report false information, withhold information, or present false or misleading documentation pertinent to registration with the Lien Recovery Fund to which they are not entitled will be disqualified from registration and may be subject to both criminal prosecution and civil penalties.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for registration with the Utah Residence Lien Recovery Fund and by the State of Utah.

Signature of Applicant: _____

Date of Signature: _____

Printed Name of Applicant: _____

ORDER FORM
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING
LICENSURE RELATED DOCUMENTS

REGISTRATION WITH THE UTAH RESIDENCE LIEN RECOVERY FUND

The following documents can be ordered through the Division's contract testing agency, Experior at the address listed below. There is a fee of \$7.00 by mail or phone order. Make all checks payable to Experior. Visa and MasterCard accepted. Applicable sales tax will be added to all purchases.

1. 38-11, *The Residence Lien Restriction and Lien Recovery Fund Act, 5/5/03*
2. R156-38, *Residence Lien Restriction and Lien Recovery Fund Rules,*

Please contact:



Experior
5486 South 1900 West, Suite C
Taylorsville, Utah 84118
(801) 355-5009
FAX: (801) 355-4008 (credit card orders only)

Please provide the following information. Send this portion of the order form with a check for \$7.50 (includes Utah Sales Tax) in the enclosed envelope to receive the above listed documents. **(Do not mail cash.)**

REGISTRATION WITH UTAH RESIDENCE LIEN RECOVERY FUND (66)

Name _____

Mailing Address _____

Daytime Phone Number _____ - _____ - _____

_____ Check _____ Money Order _____ Visa _____

MasterCard

Credit Card # _____ Exp. date _____

Signature _____

Date _____

(Required for credit card orders)